2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P00000108337** 04-26-2005 90148 040 ***150.00 ROBLES ANGEL INC. Principal Place of Business Mailing Address **CALLE 148 NO 16-A78 CALLE 148 NO 16-A78** CASA 3 CASA 3 BOGATA, COLUMBIA. XX BOGATA, COLUMBIA, XX 2. Principal Place of Business No. 37-18 3. Mailing Address 16.37-18 CALLE 146 04192005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For 730601A 52-2281897 Not Applicable COTOMBIA \$8.75 Additional 5. Certificate of Status Desired \Box COLOH BIA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE LA CRUZ, LUIS F JR Street Address (P.O. Box Number is Not Acceptable) 95 MERRICK WAY **STE 440** CORAL GABLES, FL 33134 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change : ☐ Addition TITLE ☐ Delete TITLE ROBLES, GUILLERHO CALLE 146 No. 37-18 ROBLES, GUILLERMO NAME NAME P4. STREET ADDRESS CALLE 148 NO 16-A78 CASA 3 STREET ADDRESS BOGOTA COLOMBIA CITY-ST-ZIP BOGOTA, COLUMBIA, CITY-ST-7tP A Change Addition ☐ Delete TITI F TITLE ROBLES, ROBERTO NAME Robles Roberto NAME CARRERA 71 No. 181-05 STREET ADDRESS STREET ADDRESS CALLE 148 NO 16-A78 CASA 3 BOGOTA, COLUMBIA, CITY-ST-ZIP BOGOTA, COLOYBIA CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Channe Addition TITLE ☐ Delete tme NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP formation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Rorida Statutes. I further certify that the information responsive theoretic report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director responsive controlled the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ment with an address, with all other like simplewered. I hereby certify that the ig indicated on this report or supplemental of the corporation or the receiver of changed, or on an attachment with SIGNATURE: NO OFFICER OR DIRECTOR

FILED

Apr 26, 2005 8:00 am